

Legal Counsel Visitation Request Form

Attorney Information

Full Name: _____

Bar Number: _____

Law Firm Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Client (Detainee) Information

Full Name: _____

Inmate Number: _____

Facility Name: _____

Housing Unit/Location (if known): _____

Visitation Request Details

Video _____ Physical (in-person) _____ (check one)

Requested Date(s) of Visit: _____

Requested Time(s): _____

Purpose of Visit:

Privileged Legal Visit (ICE Form G28 Required)

Pre-representational

Other: _____

Certification

I certify that I am an attorney licensed to practice law and that this visitation request is for the purpose of providing legal counsel to the above-named inmate. I understand and will comply with all institutional rules and regulations governing attorney visits.

Attorney Signature: _____

Date: _____